

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-026859

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED JUL 15 1963

1. PLACE OF DEATH

a. COUNTY **Scotland**

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **Memphis**

Length of stay in lb
14 yrs.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **Community Home**

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Mo.** b. COUNTY **Scotland**

c. CITY OR TOWN **Memphis**

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First **Fannie** Middle **Myers** Last **Myers**

4. DATE OF DEATH
Month **July** Day **3** Year **1963**

5. SEX
female

6. COLOR OR RACE
white

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH
12-23-1873

9. AGE (last birthday)
89

IF UNDER 1 YEAR
Months **89** Days **89**

IF UNDER 24 HR
Hours **89** Min. **89**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
school teacher

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)
Scotland Co. Mo.

12. CITIZEN OF WHAT COUNTRY
U. S. A.

13a. FATHER'S NAME

John Feters

13b. MOTHER'S MAIDEN NAME

Mary Forrester

14. NAME OF HUSBAND OR WIFE

Julian Myers

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.

17. INFORMANT
Address
Mae Lancaster Memphis, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral Thrombosis

INTERVAL BETWEEN ONSET AND DEATH
1 day

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

arterio Sclerosis

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour **8:00** a.m. **PM** Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **8:00 PM** to **8:00 PM** and last saw her alive on **6 PM 1963 July**
Death occurred at **8:00 PM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE
7-5-1963

23c. NAME OF CEMETERY OR CREMATORY
McAdow

23d. LOCATION (City, town, or county)

Scotland Co. Mo.

24. FUNERAL DIRECTOR

ADDRESS

Memphis, Mo.

25. DATE RECD. BY LOCAL REG.

7-8-63

26. REGISTRAR'S SIGNATURE

Walter E. Turner

MEMPHIS

AMOUNT COLLECTED
\$1.00

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by P. E. PAYNE, Student Embalmer No. 701

working under my personal supervision.

Student

P. E. Payne
Signature of Student Embalmer

Signed

P. E. Payne

Licensed Embalmer No. 2550

P. O. Address

Memphis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.